

## SUGGESTION FORM

| DEPARTMENT USE<br>ONLY |
|------------------------|
| SUGGESTION NO.         |
| DATE RECEIVED          |

### 1. INFORMATION ABOUT YOU:

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Agency/Division: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
\_\_\_\_\_

### 2. SUBJECT OF YOUR SUGGESTION:

### 3. DESCRIBE PRESENT PROCEDURES OR CONDITIONS:

### 4. EXPLAIN YOUR SUGGESTION FOR IMPROVEMENT: *Use page 2 of this form or attach a separate page to:*

- Explain how it will work, what it will do, and where it can be used.
- Estimate annual savings to the Agency or Bureau (salaries, supplies, etc.) or how it will improve service. If your suggestion is technical, please indicate the office(s) that you think could best evaluate it.

Any cash award resulting from this suggestion is in addition to your regular pay and no further claim can be made against the Government in accordance with 5 U.S.C. 4502(c). Submit your suggestion to your supervisor or local Suggestion Program.

#### PRIVACY ACT NOTICE

This form provides a format for making and processing suggestions. The authority for collecting information about you is 5 U.S.C. 301 and, where a social security number is requested, E.O. 9397. Title 5 U.S.C. Ch. 45 is the legal basis for the program. Supplying the information is voluntary, but without it we can't complete necessary procedures. We don't disclose information except as authorized by law.

Signature of Suggester \_\_\_\_\_

Date \_\_\_\_\_

### 5. ACTION

- ☐ NON-ADOPT  
☐ PARTIALLY OR FULLY ADOPT

ESTIMATED SAVINGS \_\_\_\_\_  
AMOUNT OF AWARD \_\_\_\_\_

Name of Deciding Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Deciding Official \_\_\_\_\_ Date \_\_\_\_\_

Name of Approving Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

Name of Approving Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

Where Else Can This Idea Be Used? \_\_\_\_\_

***Thank You For Your Suggestion***

**4. EXPLAIN YOUR SUGGESTION FOR IMPROVEMENT:**

a. Explain how it will work, what it will do and where it can be used.

b. Estimate annual savings to the Agency or Bureau (salaries, supplies, etc.) or how it will improve service. If your suggestion is technical, please indicate the office(s) that you think could best evaluate it.